

MEDICAID FOR CHILDREN

EARLY AND PERIODIC SCREENING, DIAGNOSTIC, AND TREATMENT (EPSDT) AND HEALTH CHECK

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WHY HEALTH CHECK/ EPSDT ARE IMPORTANT

- Promotes preventative health care by providing for early and regular medical and dental screenings.
- Provides medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening.

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HEALTH CHECK/EPSDT OVERVIEW

- **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)** defined by federal law and includes:
 - Periodic Screening Services
 - Vision Services
 - Dental Services
 - Hearing Services
 - Other Necessary Health Care

Recipients under 21 must be afforded access to the full array of EPSDT services within the scope of the category of services listed in the federal law at 42 U.S.C. § 1396d(a) [1905(a) of the Social Security Act].

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EPSDT OVERVIEW

CON'T.

Examples of categories of 1905 (a)

- Rehabilitative services for developmental disabilities
- Mental health and substance abuse services
- Medical and adaptive equipment
- Transportation
- In-home nursing, personal care, and specialized therapies
- Out-of-home residential, facility and hospital services
- Other medically necessary care

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EPSDT CRITERIA

- Required to cover any service that is medically necessary "to correct or **ameliorate** a defect, physical or mental illness, or a condition [health problem] identified by screening".
- "**Ameliorate**" means to:
 - improve or maintain the recipient's health in the best condition possible,
 - compensate for a health problem,
 - prevent it from worsening, or
 - prevent the development of additional health problems

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EPSDT CRITERIA

CON'T.

- Must be a category of services listed at 1905(a).
- Must be determined to be medical in nature.
- Must be generally recognized as an accepted method of medical practice or treatment.
- Must not be experimental, investigational.
- Must be safe.
- Must be effective.
- Must be medically necessary.

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EPSDT FEATURES

- No Waiting List for EPSDT Services
- No Monetary Cap on the Total Cost of EPSDT Services
- No Upper Limit on the Number of Hours under EPSDT
- No Limit on the Number of EPSDT Visits to a Physician, Therapist, Dentist or Other Licensed Clinician
- No Set List that Specifies When or What EPSDT Services or Equipment May Be Covered
- No Co-payment or Other Cost to the Recipient
- Coverage for Services that Are Never Covered for Recipients Over 21 Years of Age
- Coverage for Services Not Listed in the N.C. State Medicaid Plan

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IMPORTANT POINTS ABOUT EPSDT

- The full array of EPSDT services must be coverable within the scope of those listed in the federal law at 42 U.S.C. § 1396d(a) [1905(a) of the Social Security Act]. EPSDT requires Medicaid to cover these services if they are medically necessary to correct or ameliorate a defect, physical or mental illness, or a condition [health problem].
- Does **NOT** eliminate the need for prior approval if prior approval is required.
- EPSDT services do not have to be services that are covered under the North Carolina State Medicaid Plan or under any of the Division of Medical Assistance's (DMA) clinical coverage policies or service definitions or billing codes.

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EPSDT OPERATIONAL PRINCIPLES

- The decision to approve or deny the request under EPSDT must be based on the recipient's medical need for the service to correct or ameliorate a defect, physical [or] mental illness, or condition [health condition].
- The specific numerical limits (number of hours, number of visits, or other limitations on scope, amount or frequency) in DMA clinical coverage policies, service definitions, or billing codes do **NOT** apply to recipients under 21 years of age if more hours or visits of the requested service are medically necessary to correct or ameliorate a defect, physical or mental illness, or condition [health problem]. This includes the hourly limits on Medicaid Personal Care Services (PCS) and Community Support Services (CSS).

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EPSDT OPERATIONAL PRINCIPLES

CON'T.

- Requests for EPSDT services do **NOT** have to be labeled as such. Any proper request for services for a recipient under 21 years of age is a request for EPSDT services. For recipients under 21 years of age enrolled in a CAP waiver, a request for services must be considered under EPSDT as well as under the waiver.
- It is not sufficient to cover a standard, lower cost service instead of a requested specialized service if the lower cost service is not equally effective in that individual case.

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EPSDT OPERATIONAL PRINCIPLES

CON'T.

- DMA will enroll providers, set reimbursement rates, set provider qualifications, and assure the means for claims processing when the service is not already established in the North Carolina State Medicaid Plan.
- **If services are denied, reduced, or terminated, proper written notice with appeal rights must be provided to the recipient and copied to the provider.** The notice must include reasons for the intended action, law that supports the intended action, and notice of the right to appeal. Such a denial can be appealed in the same manner as any Medicaid service denial, reduction, or termination.

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EPSDT OPERATIONAL PRINCIPLES

CON'T.

The following are **NOT** acceptable reasons for denial of coverage under EPSDT:

1. "This is the responsibility of the school system."
2. "Close supervision, redirection, safety monitoring, assistance with mobility and other ADL's, improving socialization and community involvement, and controlling behavior are not service goals covered under EPSDT."
3. "The services would not correct or improve the child's diagnosis."
4. "EPSDT criteria do not include monitoring a child's actions for event which may occur."
5. "EPSDT services are not long term or ongoing."
6. "Teaching coping skills cannot be covered under EPSDT."

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EPSDT COVERAGE AND CAP WAIVERS

- A recipient under 21 years of age on a waiting list for CAP services, who is an authorized Medicaid recipient without regard to approval under a waiver, is eligible for necessary EPSDT services without any waiting list being imposed.
- If a recipient under 21 years of age has a developmental disability diagnosis, this does not necessarily mean that the requested service is habilitative and may not be covered under EPSDT. The EPSDT criteria of whether the service is medically necessary to correct or ameliorate a defect, physical or mental illness, or condition [health problem] apply. Examples include dual diagnoses and behavioral disorders. All individual facts must be considered.

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EPSDT COVERAGE AND CAP WAIVERS

- Waiver services are available only to participants in the CAP waiver programs and are not a part of the EPSDT benefit unless the waiver service is **ALSO** an EPSDT service (e.g. durable medical equipment).
- **ANY** child enrolled in a CAP program can receive **BOTH** waiver services and EPSDT services. However, if over budget and Medicaid eligible, the request will be reviewed under EPSDT criteria.

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EPSDT COVERAGE AND CAP WAIVERS

CON'T.

- If enrolled in the Community Alternatives Program for Persons with Mental Retardation and Developmental Disabilities (CAP-MRDD), prior approval to exceed \$85,000 per year must be obtained.

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EPSDT COVERAGE AND CAP WAIVERS

CON'T.

- A recipient under 21 years of age on a waiting list for CAP services, who is an authorized Medicaid recipient without regard to approval under a waiver, is eligible for necessary EPSDT services without any waiting list being imposed.

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EPSDT COVERAGE AND MH/DD/SA SERVICES

- Staff employed by local management entities (LMEs) **CANNOT** deny requests for services, formally or informally. Requests must be forwarded to ValueOptions or the other appropriate DMA vendor if supported by a licensed clinician.

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EPSDT COVERAGE AND MH/DD/SA SERVICES

CON'T.

- LMEs may NOT use the Screening, Triage, and Referral (STR) process as a means of denying access to Medicaid services. Even if the LME STR screener does not believe the child needs enhanced services, the family must be referred to an appropriate Medicaid provider to perform a clinical evaluation of the child for any medically necessary service.

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EPSDT COVERAGE AND MH/DD/SA SERVICES

CON'T.

- Requests for prior approval of MH/DD/SA services for recipients under 21 must be sent to ValueOptions. If the request needs to be reviewed by DMA clinical staff, ValueOptions will forward the request to the Assistant Director for Clinical Policy and Programs.

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DOCUMENTATION REQUIREMENTS

- Documentation for either covered or non-covered state Medicaid plan services (medical, dental, or MH/DD/SA) should show how the service will correct or ameliorate a defect, physical or mental illness, or a condition [health problem].
- This includes a discussion about how the service, product, or procedure will correct or ameliorate (improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems) as well as the effectiveness and safety of the service, product, or procedure. Should additional information be required, the provider will be contacted.

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EPSDT COVERAGE AND MH/DD/SA SERVICES

CON'T.

- All EPSDT requirements (except for the procedure for obtaining services) fully apply to the Piedmont waiver.

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REQUESTING PA FOR A NON-COVERED STATE MEDICAID PLAN SERVICES

- Requests for non-covered state Medicaid plan services and requests for a review when there is no established review process for a requested service should be submitted to:

Assistant Director for Clinical Policy and Programs
Division of Medical Assistance
2501 Mail Service Center
Raleigh, NC 27699-2501
FAX: 919-715-7679

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REQUESTING PA FOR A NON-COVERED STATE MEDICAID PLAN SERVICES

- Requests for non-covered state Medicaid plan services may be submitted on the Non-Covered State Medicaid Plan Services Request form.

- This form is located on the DMA website:

www.ncdhhs.gov/dma/forms/noncoveredservicesrequest.pdf

www.ncdhhs.gov/dma/EPSDTprovider.htm

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DMA CONTACTS

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Staff in the Behavioral Health Unit may also assist with EPSDT.

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